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Fostering strategic leadership for the successful integration and commitment to changes in the health sector

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2026, 43(1):34–41

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Υιοθετώντας μεθόδους στρατηγικής ηγεσίας για την επιτυχή ενσωμάτωση και δέσμευση στις αλλαγές στον τομέα υγείας

Περίληψη στο τέλος του άρθρου

OBJECTIVE **To examine the influence of strategic leadership on the integration and commitment of a change plan regarding employees who work in the health sector.** METHOD **A quantitative research was undertaken to assess the extent to which strategic leadership can positively impact change integration and employee commitment to change. The study sample included 361 employees working in hospitals situated in the Attica-Athens region of Greece. The questionnaire utilized in this study consisted of several validated scales to assess the variables of strategic leadership, integration of change, and commitment to change.** RESULTS **The research outcome revealed that the two dimensions of strategic leadership have a mediocre to strong positive effect on the variables of integration of change and employees' commitment to change. Additionally, strategic leadership mediates the relationship between employees' commitment to change and the integration of change.** CONCLUSIONS **Effective strategic leadership is essential for successfully implementing organizational change within healthcare settings. By fostering a positive organizational culture and providing clear direction, strategic leaders can significantly enhance employee commitment and integration to change, thereby increasing the likelihood of successful change outcomes.**

Key words

Commitment to change
Health sector
Integration of change
Strategic leadership

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Strategic leadership is the managerial skill of anticipating future trends, maintaining adaptability, and empowering followers to implement strategic change when necessary. Effective strategic leadership is considered a key driver of organizational performance, particularly in the fast-paced and complex business environment of the 21st century.

In today's dynamic and resource-limited environment, characterized by uncertainty and complexity, strategic leadership is crucial to effectively respond to turbulent conditions and initiate the necessary organizational transformations to realize performance targets.[1] A wealth of conceptual and empirical studies has provided compelling evidence that strategic leadership actions are a significant determinant of organizational performance.[2]

Additionally, strategic leadership is connected to organizational performance through organizational commitment.[3] Successful strategic leadership involves analyzing the external environment, implementing timely strategies, and setting appropriate goals.[4–6] By examining the data from this research, organizations can enhance human resource performance, improve the work climate, and adopt a people-centered management philosophy to meet modern demands, benefiting both employees and the organization.[7–10]

According to researchers,[11] strategic leadership in change management has not been sufficiently explored. Regarding empirical evidence, researchers[12] conducted a quantitative survey on 1,000 employees who worked in public institutions. Their research revealed that strategic leadership can support the entire change process.

Additionally, research[13] showed that strategic leadership that emphasizes creating a culture which supports employees can have a positive effect on their commitment and integration to change. Moreover, research[13] underscores

the importance of motivating employees to embrace a transformative plan for effective implementation. Strategic leadership can foster a deeper understanding of the requisite changes.

Another research[14] identified common barriers to change implementation within public sector organizations. A survey of 380 public sector employees and managers revealed that strategic leadership can signal the organization's commitment to change and initiate the necessary processes for its successful integration, a crucial prerequisite for organizational success.

In a more recent qualitative study, researchers[15] surveyed 33 employees in French public hospitals, highlighting the complex and multifaceted nature of healthcare administrative changes. These changes often encompass administrative adjustments and modifications to medical and nursing practices, a particularly sensitive and critical area due to its direct impact on human lives. The study suggests that healthcare workers often resist change, posing challenges to its implementation. Strategic leadership that prioritizes change and its strategic alignment can emphasize the critical nature of this process.

Employee commitment to change is significantly influenced by their involvement and motivation. Regarding motivation, research[16] on a sample of 209 hospitality workers demonstrates that strategic leadership, coupled with effective communication, positively impacts job satisfaction. This, in turn, fosters employee commitment to change and facilitates its integration into the organizational culture.

Furthermore, another piece of research[17] highlights the COVID-19 pandemic as a catalyst for a deeper understanding of strategic leadership's role in navigating urgent crises. Strategic leadership can facilitate a transition to a new regime through change, fostering commitment and integration. A quantitative survey[18] of 190 employees supports this notion, demonstrating that strategic leadership can effectively drive change during critical periods by setting realistic goals and promoting employee commitment and integration.

In a quantitative study conducted in healthcare facilities, researchers[19] surveyed 212 hospital employees. They found that strategic leadership significantly influences employees' readiness to manage change, thereby affecting their commitment and integration of change.

Finally, research[20] on a sample of 1,013 university hospital employees emphasizes the role of strategic leadership in fostering employee commitment to the hospital's vision, a crucial factor in ensuring successful change implementation.

This research investigates the relationship between strategic leadership, integration of change, and employees' commitment to change in the health sector. Specifically, the authors are investigating three research hypotheses. The first hypothesis involves strategic leadership and employees' perceptions on change integration (H1: Both dimensions of strategic leadership have a positive effect on employees' perceptions of change integration). The second hypothesis involves strategic leadership and employees' perceptions on commitment to change (H2: Both dimensions of strategic leadership have a positive effect on employees' perceptions of commitment to change). Finally, the third hypothesis involves the mediating/moderating role of strategic leadership on the linkage between integration to change and commitment to change (H3: Both dimensions of strategic leadership mediate/moderate the relationship between integration of change and employees' commitment to change).

MATERIAL AND METHOD

Research design and sample

This research examines the association between strategic leadership and employee change integration and commitment within general hospitals. A quantitative research design was employed to survey employees across fifteen general hospitals in Attica, irrespective of their age, position, or experience. General managers of these hospitals were contacted to inform them of the study's purpose and solicit their cooperation in distributing questionnaires to their subordinates.

Participants were informed that their responses would be kept confidential to ensure anonymity and voluntary participation. Additionally, researchers were available to answer questions regarding the questionnaire, which typically took approximately twenty minutes to complete.

Hard copies of the questionnaire were distributed to employees from October to December 2023 with the assistance of hospital managers. Of the 456 employees who received the questionnaire, 76 declined to participate. After excluding 19 incomplete questionnaires, the final sample consisted of 361 employees from general hospitals in Athens.

Research measurement tools

The research instrument consisted of a four-part questionnaire that measured the demographics of the sample as well as their perceptions of the three research variables: Strategic leadership, integration of change, and commitment to change.

A ten-item Strategic Leadership Scale was employed[21] to measure strategic leadership. This scale assesses two sub-dimensions: organizational competencies and personal competencies. Each item was rated on a five-point Likert scale, ranging from one (rarely) to five (usually).

A seven-item Integration of Change Scale was employed[22] to measure change integration. This scale assesses two sub-dimensions: (a) To what extent the project is completed (completion) and (b) whether the goal was achieved (achievement). Each item was rated on a five-point Likert scale, ranging from one (not at all) to five (absolutely).

Finally, to measure employees' commitment to an organizational change plan, a four-item scale was employed.[23] Each item was rated on a five-point Likert scale, ranging from one (strongly disagree) to five (strongly agree).

Data analysis

Data analysis was conducted using the Statistical Package for Social Sciences (IBM SPSS Statistics), version 24.0.[24] Descriptive statistics, including means (M) and standard deviations (SD), were utilized to describe the quantitative variables. Cronbach's alpha coefficient was calculated to assess the internal consistency of all scales and subscales. Factor analysis was employed to examine the underlying factor structure of the observed variables in each measurement tool. Spearman's Rho coefficient and multiple regression analysis were utilized to test the hypotheses.

RESULTS

The sample comprised 361 employees from fifteen general hospitals in Athens, Greece. The majority of participants were female (65.9%), married (79.5%), aged 41–50 years (61.2%), and held a bachelor's degree (29.1%).

Regarding employment characteristics, most participants were permanent employees (84.8%) with 11–15 years of experience (30.7%). Additionally, 24.9% of participants had worked in the health department for one-two years. Further details are presented in table 1.

Moreover, table 2 presents the statistical values of the M and SD of the three variables of the research. Regarding the variable of strategic leadership, both sub-dimensions demonstrate that the sample scores highly on both dimensions. Hence, the employees believe that they possess the skills of strategic leadership at a satisfactory level (strategic leadership-organizational skills M: 3.77, SD: 0.74, and strategic leadership-personal skills M: 3.91, SD: 0.91). Additionally, healthcare employees demonstrated a strong commitment to organizational change plans (M: 4.33, SD: 0.70). Furthermore, the high mean scores indicated that the sample could effectively integrate changes (M: 3.35, SD: 0.78).

Factor analysis (FA) was employed to explore the underlying structure of the variables (strategic leadership, commitment to change, and integration of change) in the research model.

Table 1. Demographics of the sample (n=361).

	Frequency	Percent
Gender		
Male	123	34.1
Female	238	65.9
Age (in years)		
31–40	15	4.2
41–50	221	61.2
51–60	111	30.7
>60	14	3.9
Work experience (in years)		
0–5	27	7.5
6–10	61	16.9
11–15	111	30.7
16–20	71	19.7
21–30	68	18.8
31–40	21	5.8
>40	2	0.6
Type of employment		
Permanent position	306	84.8
Contract for an indefinite period	36	10.0
Seasonal position	19	5.3
Years of employment in the health sector		
1–2	90	24.9
3–5	45	12.5
6–10	42	11.6
11–20	79	21.9
21–30	63	17.5
31–40	35	9.7
>41	7	1.9
Level of education		
High school graduate	83	23.0
College graduate	40	11.1
Technological college graduate	77	21.3
Bachelor's degree	105	29.1
Master's degree	56	15.5
Work section		
Employee	318	88.1
Supervisor	25	6.9
Manager	1	0.3
Other	17	4.7

At first, the variable of strategic leadership extracts one model, which explains 68.54% of the total variance

(KMO=0.809, Bartlett, $x^2(21)=1,477.581; p<0.01$).

Table 2. Mean (M) and standard deviation (SD) of the variables of the sample (n=361).

Factors	M	SD
Strategic leadership-organizational skills	3.77	0.74
Strategic leadership-personal skills	3.91	0.91
Commitment to change	4.33	0.70
Integration to change	3.35	0.78

All items' commonalities (extraction) range between 0.628–0.800 (so all items are included), while the loadings of the ten items range between 0.509–0.791.

The variable commitment to change extracts one model, which explains 77.51% of the total variance

(KMO=0.788, Bartlett, $x^2(21)=1,092.748; p<0.01$).

All items' commonalities (extraction) range between 0.670–0.851 (so all items are included), while the loadings of the four items range between 0.813–0.944.

Finally, the variable integration to change extracts one model, which explains 66.42% of the total variance

(KMO=0.916, Bartlett, $x^2(21)=1,829.362; p<0.01$).

All items' commonalities (extraction) range between 0.670–0.851 (so all items are included), while the loadings of the four items range between 0.818–0.923.

Consequently, the reliability of the measurement scales was assessed using Cronbach's alpha coefficient. As depicted in table 3, all scales demonstrated acceptable levels of internal consistency, with Cronbach's alpha values ranging from 0.818 to 0.903. This finding ensures the precision and accuracy of the collected data.

Table 3. Cronbach's alpha coefficient for all the variables.

Factors	Cronbach's alpha	Number of items
Strategic leadership	0.818	10
Commitment to change	0.897	4
Integration of change	0.903	7

Both Kolmogorov-Smirnov and Shapiro-Wilk tests were conducted to assess the normality of the scale variables (strategic leadership, commitment to change, and integration to change). The results of these tests indicated that the data for all three variables deviated significantly from a normal distribution ($p<0.01$). Therefore, non-parametric statistical techniques were utilized for further analysis.

To explore the relationship between strategic leadership and integration to change (first research hypothesis), Spearman's correlation coefficient and linear regression analysis were conducted. The results provide empirical evidence for a positive association between the two constructs. Specifically, both organizational and personal competencies, the constituent dimensions of strategic leadership, exhibit a mediocre positive correlation with integration to change, as indicated by rho coefficients of 0.474 ($p<0.01$) and 0.361 ($p<0.01$), respectively.

Additionally, a multiple regression model was executed to investigate the predicting role of the two sub-dimensions of strategic leadership (independent variables) on the variable of integration to change (dependent variable) (to maintain the integrity of the multiple regression analysis, despite the non-normality of the variables, we examined all the necessary assumptions, including linearity, independence of errors, homoscedasticity, and normality of residuals). The regression model showed a mediocre positive relationship between the sub-dimensions of strategic leadership and the variable of integration to change (R^2=0,258; $p<0.01$). In other words, the 25.8% percentage of integration to change can be interpreted by the sub-variables of strategic leadership. More thoroughly, strategic leadership-organizational competencies ($p=0.000<0.01$) and strategic leadership-personal competencies ($p=0.019<0.01$) can statistically and positively predict integration to change. In particular, the increase of one unit of strategic leadership-organizational competencies can increase integration to change by 0.464 units, while the increase of one unit of strategic leadership-personal competencies can increase integration to change by 0.105 units (tab. 4).

To explore the relationship between strategic leadership

Table 4. The predicting role of the sub-dimensions of strategic leadership on the variable of integration to change.

Model		Unstandardized coefficients		Standardized coefficients	t	p
		B	Std. error	Beta		
1	(Constant)	1.191	0.200		5.951	0.000
	Strategic leadership (organizational competencies)	0.464	0.055	0.437	8.428	0.000
	Strategic leadership (personal competencies)	0.105	0.045	0.123	2.361	0.019

Dependent variable: Integration to change

and commitment to change (second research hypothesis), Spearman's correlation coefficient and linear regression analysis were conducted. The results provide empirical evidence for a positive association between the two constructs. Specifically, both organizational and personal competencies, the constituent dimensions of strategic leadership showed a strong positive correlation with integration to change, as indicated by rho coefficients of 0.512 ($p<0.01$) and 0.541 ($p<0.01$), respectively.

Additionally, a multiple regression model was executed to investigate the predicting role of the two sub-dimensions of strategic leadership (independent variables) on the variable of commitment to change (dependent variable) (to maintain the integrity of the multiple regression analysis, despite the non-normality of the variables, we examined all the necessary assumptions, including linearity, independence of errors, homoscedasticity, and normality of residuals). The regression model showed a mediocre positive relationship between the sub-dimensions of strategic leadership and the variable of commitment to change ($R^2=0.355$; $p<0.01$). In other words, the 35.5% percentage of commitment to change can be interpreted by the sub-variables of strategic leadership. More thoroughly, strategic leadership-organizational competencies ($p=0.000<0.05$) and strategic leadership-personal competencies ($p=0.000<0.05$) can statistically and positively predict commitment to change. In particular, the increase of one unit of strategic leadership-organizational competencies can increase commitment to change by 0.292 units, while the increase of one unit of strategic leadership-personal competencies can increase commitment to change by 0.296 units (tab. 5).

To address the third research hypothesis concerning the mediating role of strategic leadership in the relationship between the integration of change and commitment to change, linear and multiple regression analyses were employed. Given the causal relationship between strategic leadership and commitment to change, a moderation effect was not considered.

A mediation model was specified to examine the mediating role of strategic leadership-organizational competencies, including integration to change as the dependent variable, commitment to change as the independent variable, and strategic leadership-organizational competencies as the mediator variable. As depicted in figure 1 and table 6, the results indicate a significant indirect effect of commitment to change on integration to change through strategic leadership-organizational competencies. Moreover, the Sober test was executed to test if our example's indirect effect is statistically significant. The results showed that the indirect effect of the mediator variable is statistically significant ($p=0.000<0.01$).

Similarly, another mediation model was specified to assess the mediating role of strategic leadership-personal competencies. Figure 2 and table 7 present the results, which confirm a significant indirect effect of commitment to change on integration to change through strategic leadership-personal competencies. Moreover, the Sober test was executed to test if our example's indirect effect is statistically significant. The results showed that the indirect effect of the mediator variable is statistically significant ($p=0.00004245<0.01$).

In conclusion, this research sought to investigate the interrelationships between strategic leadership, change integration, and commitment to change within healthcare organizations. A quantitative research approach was adopted

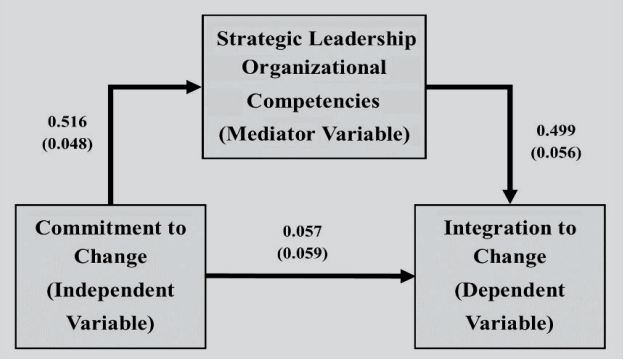

Figure 1. The mediating role of strategic leadership-organizational competencies on the relationship between commitment to change and integration of change.

Table 5. The predicting role of the sub-dimensions of strategic leadership on the variable of commitment to change.

Model		Unstandardized coefficients		Standardized coefficients	t	p
		B	Std. error	Beta		
1	(Constant)	2.071	0.167		12.383	0.000
	Strategic leadership (organizational competencies)	0.292	0.046	0.307	6.342	0.000
	Strategic leadership (personal competencies)	0.296	0.037	0.385	7.950	0.000

Dependent variable: Commitment to change

Table 6. The mediating role of strategic leadership-organizational competencies on the relationship between commitment to change and integration of change.

		Unstandardized coefficients		Standardized coefficients		
		B	Std. error	Beta	t	p
Model 1. Estimation of the total effect between commitment to change and integration of change						
1	(Constant)	1.988	0.248		8.027	0.000
	Commitment to change	0.315	0.056	0.283	5.583	0.000
Dependent variable: Integration of change						
Model 2. Estimation of the total effect between commitment to change and strategic leadership-organizational competencies						
1	(Constant)	1.538	0.212		7.253	0.000
	Commitment to change	0.516	0.048	0.491	10.679	0.000
Dependent variable: Strategic leadership-organizational competencies						
Model 3. Estimation of the direct effect of strategic leadership-organizational competencies on the relationship between commitment to change and integration of change						
1	(Constant)	1.220	0.240		5.082	0.000
	Commitment to change	0.057	0.059	0.052	0.979	0.000
	Strategic leadership-organizational competencies	0.499	0.056	0.471	8.947	0.000
Dependent variable: Integration of change						

Table 7. The mediating role of strategic leadership-personal competencies on the relationship between commitment to change and integration of change.

		Unstandardized coefficients		Standardized coefficients	t	p
		B	Std. error	Beta		
Model 1. Estimation of the total effect between commitment to change and integration of change						
1	(Constant)	1.988	0.248		8.027	0.000
	Commitment to change	0.315	0.056	0.283	5.583	0.000
Dependent variable: Integration of change						
Model 2. Estimation of the total effect between commitment to change and strategic leadership personal competencies						
1	(Constant)	0.921	0.254		3.618	0.000
	Commitment to change	0.690	0.058	0.532	11.889	0.000
Dependent variable: Strategic leadership-personal competencies						
Model 3. Estimation of the direct effect of strategic leadership-personal competencies on the relationship between commitment to change and integration of change						
1	(Constant)	1.788	0.246		7.263	0.000
	Commitment to change	0.165	0.065	0.148	2.535	0.012
	Strategic leadership-personal competencies	0.218	0.050	0.253	4.345	0.000
Dependent variable: Integration of change						

to achieve this objective, with a sample of 361 employees from four general hospitals in Attica, Athens, Greece.

The study's results demonstrate a moderate to strong positive association between organizational and personal competencies, the subdimensions of strategic leadership, and the variables of commitment to change and integration

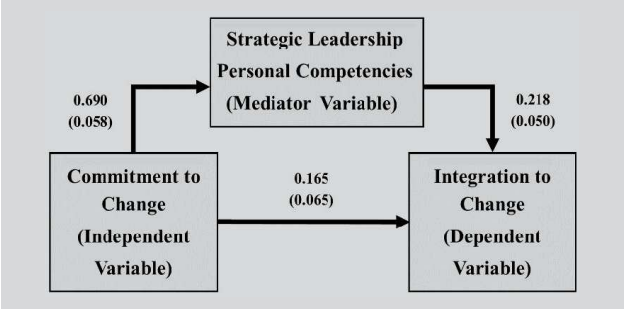

Figure 2. The mediating role of strategic leadership-personal competencies on the relationship between commitment to change and integration of change.

of change. These relationships were statistically significant, as determined by the statistical tests conducted.

Additionally, both dimensions of strategic leadership (organizational and personal competencies) were found to mediate the relationship between employee commitment to change and change integration. This suggests that strategic leadership can enhance the influence of employee commitment to change on the successful implementation of organizational change initiatives. Hence, all research hypotheses are accepted.

The findings suggest that effective change implementation in healthcare organizations requires a strong emphasis on employee engagement and participation.[25,26] By fostering a sense of ownership and involvement, healthcare leaders can significantly improve employee commitment to change and enhance the successful integration of organizational change initiatives. To achieve this, management should prioritize clear communication, employee motivation, and active participation in decision-making processes.[27–31]

ΠΕΡΙΛΗΨΗ

Υιοθετώντας μεθόδους στρατηγικής ηγεσίας για την επιτυχή ενσωμάτωση και δέσμευση στις αλλαγές στον τομέα υγείας

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Αρχεία Ελληνικής Ιατρικής 2026, 43(1):34–41

ΣΚΟΠΟΣ Εξερεύνηση του μεγέθους στο οποίο η στρατηγική ηγεσία επηρεάζει τη μεταβλητή της δέσμευσης των εργαζομένων με μια οργανωσιακή αλλαγή, καθώς και τον βαθμό επιρροής της στρατηγικής ηγεσίας στην επιτυχή ενσωμάτωση μιας οργανωσιακής αλλαγής. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Πρόκειται για ποσοτική έρευνα. Το δείγμα της έρευνας αποτέλεσαν 361 υπάλληλοι, οι οποίοι εργάζονταν σε νοσοκομειακές μονάδες που εδρεύουν στην Αθήνα και στην ευρύτερη περιοχή της Αττικής (Ελλάδα). Για την εκπλήρωση της έρευνας χρησιμοποιήθηκαν σταθμισμένες κλίμακες έρευνας (ερωτηματολόγια) από προϋπάρχουσες μελέτες των συγκεκριμένων μεταβλητών. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Τα αποτελέσματα της έρευνας έδειξαν ότι οι δύο υπο-μεταβλητές της στρατηγικής ηγεσίας ασκούν μέτρια έως ισχυρή θετική επίδραση στις μεταβλητές της ενσωμάτωσης της αλλαγής και της δέσμευσης των εργαζομένων στην αλλαγή. Επί πλέον, η στρατηγική ηγεσία διαμεσολαβεί στη σχέση μεταξύ της δέσμευσης των εργαζομένων στην αλλαγή και της ολοκλήρωσης της αλλαγής. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Η αποτελεσματική στρατηγική ηγεσία είναι απαραίτητη για την επιτυχή υλοποίηση οργανωτικών αλλαγών στο πλαίσιο της υγειονομικής περίθαλψης. Με την προώθηση μιας θετικής οργανωτικής κουλτούρας και την παροχή σαφούς κατεύθυνσης, οι στρατηγικοί ηγέτες μπορούν να ενισχύσουν σημαντικά τη δέσμευση και την ενσωμάτωση των εργαζομένων στην αλλαγή, αυξάνοντας έτσι την πιθανότητα επιτυχών αποτελεσμάτων της αλλαγής.

Λέξεις ευρετηρίου: Δέσμευση για αλλαγές, Ενσωμάτωση στις αλλαγές, Στρατηγική ηγεσία, Τομέας υγείας

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